order of birth stated.	1. PLACE OF BIRTH BUREAU OF VI STANDARD GERT	BOARD OF HEALTH TAL STATISTICS IFICATE OF BIRTH Slate Or Villaga
	2. Full name of child	7. Date of birth July 2 3/9 D/
	8. Pull name Cereland Laft hugh 0. Residence (Usual place of abode) If non-resident, give place and state. 10. Cofor or race	14. Full malden name Survive Viola Harfer 15. Residence (Usual place of abode) If non-resident, give place and state. 16. Color or race
	11. Age at last birthday 2 (Years) 12. Birthplace (city or place) De Campa 6 (State or country) Qla. 13. Occupation	18. Birthplace (city or place) Sent Last birthday (Years) (State or country) 19. Occupation
	(Taken as of time of birth of child herein } (b) Born alive bu	Nature of industry d now living 21. Were precautions taken against oph- thalmis neonatorum? PHYSICIAN OR MIDWIFE*
	Thereby certify that I attended the birth of this child, who was I will be with the child, who was I will be with the child grant by the child is one that neither breathes nor shows other evidence of life after birth.	for alive or elilibern)
	a supplemental report. Month, day, year Registrat 2.33	-223-489 Registrar